

TITU MAIORESCU UNIVERSITY
FACULTY OF DENTAL MEDICINE

Ms. Dean,

Undersigned _____ student in the
_____ year of study 2023 – 2024 academic year, to the **Dental Medicine Faculty**, Dental
Medicine in English language Programme of study, please approve the equivalence of the
following subjects studied at the _____ University
Faculty of _____:

No	Subject	Grade	The approval teacher's signature
1.			
2.			
3.			
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10.			

Respectfully,

(signature)

Date _____

Phone number _____

E-mail address _____